



**PROVIDER REPORT  
FOR**

**DARE FAMILY SERVICES INC  
265 Medford St #500  
Somerville, MA 02143**

**February 25, 2015**

**Version**

**Provider Web Report**

**Prepared by the Department of Developmental Services  
OFFICE OF QUALITY ENHANCEMENT**

# **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	DARE FAMILY SERVICES INC
<b>Review Dates</b>	11/17/2014 - 11/21/2014
<b>Service Enhancement Meeting Date</b>	12/3/2014
<b>Survey Team</b>	Mark Boghoian Raymond Edi-Osagie Cheryl Hampton Lisa MacPhail (TL)

## **Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	6 location(s) 10 audit (s)	Full Review	54 / 77 Defer Licensure -		
Residential Services	2 location(s) 6 audit (s)			Full Review	10 / 14 Certified
Placement Services	4 location(s) 4 audit (s)			Full Review	13 / 14 Certified
Individual Home Supports	0 location(s) 0 audit (s)			No Review	0 / 0 Certified

## **Survey scope and findings for Planning and Quality Management**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
Planning and Quality Management	N/A	N/A	N/A	Full Review	6/6 Certified

## **EXECUTIVE SUMMARY:**

Dare Family Services is a social services agency founded in Roxbury Massachusetts in 1964. Dare provides foster care, family support, and for individuals funded by the Massachusetts Department of Developmental Services (DDS), a Residential component that includes 24 hour staffed apartments, shared living (Placement) services, and Individual Home Supports. Dare currently serves 54 DDS funded individuals in the Greater Boston, Worcester, and Springfield areas of Massachusetts. 23 individuals are in Placement, 26 in 24 hour Residential, and 5 in Individual Home Supports who receive less than 15 hours of supports per week. This survey was a full licensing and certification review. For the purpose of this review, 4 individuals in Placement Services, and 8 individuals in 24 hour Residential services were randomly selected.

Since the last survey, Dare's DDS Residential services have continued to develop. A great deal of effort has been put forth in gathering input from individuals served, guardians, families, and employees via surveys in order to enhance service delivery. The results of these surveys have led to new initiatives that have been or will be implemented. The areas identified by these surveys in which the agency has and/or will be taking action include increasing individualized activities, focusing on Placement homes in regards to medication administration procedures, increasing standardization, and enhancing training for the home providers. Home inspection check-lists have already been implemented, and agency management conducts and acts upon these inspections. Staff satisfaction was found to be of great importance to the agency. It has initiated a pay raise for direct care staff, and intends to implement a system of rewards for staff incentives. Many staff have been trained in the new DDS initiative, Positive Behavioral Supports (PBS), and will continue to be trained. Ultimately, the agency aims to implement a PBS clinical team.

During the course of this review, it was found that Dare has systems in place to report alleged abuse and/or neglect, and safeguard individuals immediately when abuse and/or neglect is reported. There is an effective system in place to screen employees, and track required employee trainings. Dare's system for soliciting input from individuals, families and guardians, and staff; aggregating and analyzing data and making use of the feedback received was evident. However, feedback on the performance of supporters within Placement Services needs further emphasis. Both the 24 hour Residential homes, as well as the Placement Service/Shared Living homes were found to be clean, comfortable, and personalized to the tastes of the individuals residing in the homes. Staff were knowledgeable regarding the individuals they serve, and were found to be respectful in verbal and written communication as well as in their interactions.

As a result of the survey, there were some areas found within licensing and certification requirements that need improvement. On the administrative level, the Human Rights Committee meetings did not have routine attendance from the lawyer or individuals receiving supports. These meetings must be attended by the required members in order to be fully constituted. Regarding the strategic initiatives the agency is undertaking, they should more clearly outline projected timelines for completion or stages of completion as well as persons responsible for the implementation, tracking and completion of each identified initiative. A number of areas identified through licensing and certification clearly indicate the need for more comprehensive supervisory oversight of staff and programs. Practices, policies, supervision, and trainings should be implemented consistently across service types, and remain consistent regardless of the geographical locations where services are being provided.

In the area of health and safety, inconsistencies were found within both 24 hour Residential and Placement Services. There were emergency fact sheets and/or health care records that did not accurately reflect medical diagnoses and medications. Also, not all individuals were assessed as to their safe use of equipment and machinery or their ability to self-medicate. Additionally, there were areas

where either documentation or staff knowledge was lacking. For example, physicians' orders and treatment protocols were not always present or current. Staff must be trained in and knowledgeable regarding the administration of protocols. Furthermore, special dietary requirements and/or recommendations must be current, properly authorized and documented, and adhered to. Authorizations for supports and health related protections must also go through the proper authorizations to implement their use; and, staff must be trained on their implementation. Medication treatment plans must contain all required components and be reviewed by the ISP team. There was a misunderstanding regarding the agency's role in development and implementation of treatment plans for medications for sleep. This does need to occur.

In the area of physical living space, two issues were identified within Placement Services. Hot water should be kept at regulation temperature at all times; inspections must be conducted annually, and documentation should be present reflecting these inspections. At one Placement home, there is a swimming pool present. The Agency must ensure the individual is assessed for water safety, and all DDS requirements for water safety must be adhered to.

In the area of financial management, areas needing improvement predominantly within 24 hour Residential services were noted. All expenses must be documented and tracked when the agency has the role of representative payee and/or has a shared or delegated responsibility for managing any portion of an individual's funds; and, a financial training plan must be developed outlining how the agency assists individuals in managing all or a portion of their funds. Within Placement Services, approval of charges for care must be given by the individual if found competent, or the guardian if there is one in place rather than the representative payee. Within the area of ISP development, both 24 hour Residential Services and Placement Support Services require further improvement. All required assessments and provider support strategies must be submitted at least 15 days before the ISP meeting. Data collection and progress notes regarding ISP goals and objectives must reflect the support strategies set forth and agreed upon for which the agency has delegated responsibility.

It was also found in the course of this survey that there are some certification indicators the agency should pay close attention to. Additional emphasis needs to be placed on personal preferences and tastes of the individuals served. These preferences and possible interests should be explored and taken into account when developing plans for community activities. Also, individuals should be as involved as possible in the selection of their personal belongings.

In summary, the results of this licensing and certification survey indicated 69 percent of licensing indicators were "Met". Six of the eight critical indicators were also "Met". As a result of these findings, the agency is in deferred licensing status and sanctions are in place meaning that the agency is prohibited from any new business until both critical indicators are met and the agency scores an 80 percent or higher during follow-up. Follow-up will occur within 60 days of the Service Enhancement Meeting.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>7/8</b>	<b>1/8</b>	
<b>Residential and Individual Home Supports</b>	<b>47/69</b>	<b>22/69</b>	
Residential Services Placement Services Individual Home Supports Individual Home Supports			
<b>Critical Indicators</b>	<b>6/8</b>	<b>2/8</b>	
<b>Total</b>	<b>54/77</b>	<b>23/77</b>	<b>70%</b>
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		<b>23</b>	

### **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:**

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	There was inconsistency in the attendance of some committee members. An agency's Human Rights Committee must meet the membership, frequency of meetings, and content requirements.

### **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	All emergency fact sheets must be complete, accurate, and available on site. Fact sheets must contain current medical information as well as current relevant personal information.
L9	Individuals are able to utilize equipment and machinery safely.	In both 24 hour and placement services, there must be an assessment present for each individual assessing their ability to utilize various pieces of equipment and machinery safely.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
Ⓟ L11	All required annual inspections have been conducted.	Annual inspections that must be completed in each residential or placement home include, furnaces, sprinklers, fireplaces or pellet stoves, elevators, and a current Section 8 inspection where applicable.
L15	Hot water temperature tests between 110 and 130 degrees.	Hot water must measure between 110 and 120 degrees to comply with regulation.
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	If there is a swimming pool on site, the following guidelines must be followed, Environmental safeguards (e.g. locked access when not in use) must be in place. An assessment of each individual's water safety skills must be made. Staff supervising individuals must be trained in water safety and CPR, with documentation present in the home. Policies and procedures outlining supervision and use of pool need to be in place, and staff need to be knowledgeable in the policies and procedures.
Ⓟ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	All medications, vitamins, or supplements administered must be accompanied by a current physician's order. Protocols for such things as seizure disorders must be in place from a health care professional when applicable, and staff must be trained on these protocols.
L39	Special dietary requirements are followed.	The agency must ensure that staff and home care providers maintain and adhere to dietary recommendations from health care professionals. Additionally, the agency must ensure that current dietary evaluations are maintained and implemented as required.
L43	The health care record is maintained and updated as required.	The health care record must be accurate and updated according to any changes in the individual's health or medication status.
L47	Individuals are supported to become self medicating when appropriate.	An assessment of an individual's abilities around self-medication must be present.
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	When restrictive practices that impact all individuals' served are put into place, the rationale must be clearly documented and reviewed by the Human Rights Committee. Additionally the individuals and guardians must be informed of these practices, and confirm that they understand the impact it may have on them.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	The use and need for supports and health related protections must be included in the individual's ISP, and there must be assessments in place by qualified health care professionals which outline the need, and justification for the continued use.
L62	Supports and health related protections are reviewed by the required groups.	Supports and health related protections must be reviewed by the ISP team, and be included in the ISP document and assessments. Health care provider orders must outline the use, and a supports and health related protections form must be filled out. If there are elements that restrict movement such as straps, bars, or belts involved with a support or health related protection, it must be reviewed by the Human Rights Committee.
L64	Medication treatment plans are reviewed by the required groups.	Medication Treatment Plans must be reviewed by the ISP team, and included in the ISP. Plans that are developed between ISP meetings need to be forwarded to the area office along with a request for an ISP modification.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	When an individual is supported by staff to manage any portion of their own funds, the agency must outline in writing how they assist the individual with spending and managing these funds.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	The agency should ensure that there is administrative oversight over the financial affairs of its individuals, assure funds management agreements are adhered to by program staff, and individual finances are secure and utilized appropriately.
L69	Individual expenditures are documented and tracked.	When the agency has responsibility for any of the funds belonging to the individuals, expenses must be closely tracked and monitored. Money coming in and out must be documented, and all receipts for purchases over twenty-five dollars made by, or on behalf of the individual must be kept.
L71	Individuals are notified of their appeal rights for their charges for care.	When an individual is presumed competent, they may sign the document outlining their rights to dispute/appeal charges for care. If an individual has a guardian, the guardian must be notified of this right. While representative payees need to have this information, unless they are the individual's guardian, they cannot sign the notification on behalf of the individual.
L84	Staff are trained in the correct utilization of health related protections per regulation.	When health related protections are in use, staff must be trained on the correct utilization of these devices. Protocols for use and maintenance of those protections need to be included in staff training that is documented.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L85	The agency provides on-going supervision and staff development	There were a number of regulations and DDS requirements that were not consistently in place either across Services or locations. The agency must provide more effective administrative oversight to ensure that established, and recently hired staff develop practices, training policies, and supervision content that is implemented consistently across the services provided, and the geographical locations.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	ISP assessments must be submitted 15 days prior to an ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Support strategies must be submitted 15 days prior to an ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Across Services, data collected, and progress notes must reflect that the support strategies set forth and agreed upon in the ISP are being implemented and are effective in assisting the individual in objectives and goal attainment.



## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>
<b>Residential and Individual Home Supports</b>		
Residential Services	10/14	4/14
Individual Home Supports	/	/
Placement Services	13/14	1/14

### **Placement Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C7	Individuals have opportunities to provide feedback on the performance of staff that supports them.	Individuals should be given opportunities to provide feedback on the performance of the staff that supports them. This feedback should be documented and present.

### **Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C9	Staff (Home Providers) provide opportunities to develop and/or increase personal relationships and social contacts.	There was little indication that individuals were being supported and encouraged to form friendships and relationships outside of their immediate home environment.
C16	Staff (Home Providers) support individuals to explore their interests for cultural, social, recreational and spiritual activities.	Staff and home providers should be ready to assist individuals in exploring their various interests, and support them in the exploration of activities and events that may expand on individualized interests.
C17	Community activities are provided and are based on the individual's preferences and interests.	Staff and home providers should assess an individual's preferences, and personal interests. Activities should then be designed around what the individual would prefer to see and do.

**Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C18	Staff (Home Providers) assist individual to purchase personal belongings.	The individual should be a large part of the selection and purchase of personal belongings such as clothing, bedding, personal care items, and entertainment. As much as possible, the individual should be present while shopping to choose what they would like to purchase.

## MASTER SCORE SHEET LICENSURE

Organizational: DARE FAMILY SERVICES INC


Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
☐ L2	Abuse/neglect reporting	4/4	Met
L3	Immediate Action	4/4	Met
L4	Action taken	4/4	Met
L48	HRC	0/1	Not Met(0 % )
L74	Screen employees	1/1	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	7/7	Met
L83	HR training	7/7	Met

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	6/6		2/4				8/10	Met (80.0 %)
L4	Action taken	L	1/1						1/1	Met
L5	Safety Plan	L	2/2		4/4				6/6	Met
☐ L6	Evacuation	L	2/2		4/4				6/6	Met
L7	Fire Drills	L	2/2						2/2	Met
L8	Emergency Fact Sheets	I	5/6		2/4				7/10	Not Met (70.0 %)
L9	Safe use of equipment	L	1/2		3/4				4/6	Not Met (66.67 %)
☐ L11	Required inspections	L	2/2		2/4				4/6	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
☞ L12	Smoke detector s	L	2/2		4/4				6/6	Met
☞ L13	Clean location	L	2/2		4/4				6/6	Met
L14	Site in good repair	L	2/2		3/3				5/5	Met
L15	Hot water	L	2/2		2/4				4/6	Not Met (66.67 %)
L16	Accessi bility	L			2/2				2/2	Met
L17	Egress at grade	L	2/2		4/4				6/6	Met
L18	Above grade egress	L			2/2				2/2	Met
L19	Bedroo m location	L	2/2						2/2	Met
L20	Exit doors	L	2/2						2/2	Met
L21	Safe electrica l equipm ent	L	2/2		4/4				6/6	Met
L22	Clean applianc es	L	2/2		4/4				6/6	Met
L24	Locked door access	L	2/2						2/2	Met
L25	Danger ous substan ces	L	2/2		4/4				6/6	Met
L26	Walkwa y safety	L	2/2		4/4				6/6	Met
L27	Pools, hot tubs, etc.	L			0/1				0/1	Not Met (0 %)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L28	Flammables	L	2/2		4/4				6/6	Met
L29	Rubbish/combustibles	L	2/2		4/4				6/6	Met
L30	Protective railings	L			3/3				3/3	Met
L31	Communication method	I	6/6		4/4				10/10	Met
L32	Verbal & written	I	6/6		4/4				10/10	Met
L33	Physical exam	I	6/6		4/4				10/10	Met
L34	Dental exam	I	6/6		4/4				10/10	Met
L35	Preventive screenings	I	6/6		4/4				10/10	Met
L36	Recommended tests	I	5/6		4/4				9/10	Met (90.0 %)
L37	Prompt treatment	I	6/6		3/3				9/9	Met
Ⓟ L38	Physician's orders	I	1/3		1/1				2/4	Not Met (50.0 %)
L39	Dietary requirements	I	1/1		1/2				2/3	Not Met (66.67 %)
L40	Nutritional food	L	2/2		4/4				6/6	Met
L41	Healthy diet	L	2/2		4/4				6/6	Met
L42	Physical activity	L	2/2		4/4				6/6	Met
L43	Health Care Record	I	2/6		3/4				5/10	Not Met (50.0 %)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
 L46	Med. Administration	I	6/6		1/2				7/8	Met (87.50 %)
L47	Self medication	I	0/6		1/3				1/9	Not Met (11.11 %)
L49	Informed of human rights	I	6/6		2/4				8/10	Met (80.0 %)
L50	Respectful Comm.	L	2/2		4/4				6/6	Met
L51	Possessions	I	6/6		4/4				10/10	Met
L52	Phone calls	I	6/6		4/4				10/10	Met
L53	Visitation	I	5/5		4/4				9/9	Met
L54	Privacy	L	2/2		4/4				6/6	Met
L55	Informed consent	I	2/2						2/2	Met
L56	Restrictive practices	I	0/3						0/3	Not Met (0 %)
L61	Health protection in ISP	I	0/2		0/1				0/3	Not Met (0 %)
L62	Health protection review	I	1/2		0/1				1/3	Not Met (33.33 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L63	Med. treatme nt plan form	I	3/4		3/3				6/7	Met (85.71 %)
L64	Med. treatme nt plan rev.	I	2/4		3/3				5/7	Not Met (71.43 %)
L67	Money mgmt. plan	I	4/6		0/1				4/7	Not Met (57.14 %)
L68	Funds expendi ture	I	1/6		1/1				2/7	Not Met (28.57 %)
L69	Expendi ture tracking	I	0/6		1/1				1/7	Not Met (14.29 %)
L70	Charge s for care calc.	I	6/6		3/3				9/9	Met
L71	Charge s for care appeal	I	6/6		1/3				7/9	Not Met (77.78 %)
L77	Unique needs training	I	4/5		4/4				8/9	Met (88.89 %)
L80	Sympto ms of illness	L	1/1		4/4				5/5	Met
L81	Medical emerg ncy	L	2/2		4/4				6/6	Met
Ⓟ L82	Medicati on admin.	L	2/2						2/2	Met
L84	Health protect. Training	I	1/2		0/1				1/3	Not Met (33.33 %)
L85	Supervi sion	L	0/2		0/4				0/6	Not Met (0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L86	Require d assess ments	I	4/4		0/3				4/7	Not Met (57.14 %)
L87	Support strategi es	I	3/5		0/3				3/8	Not Met (37.50 %)
L88	Strategi es implem ented	I	3/6		2/3				5/9	Not Met (55.56 %)
#Std. Met/# 69 Indicat or									47/69	
Total Score									54/77	
									70.13%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

### Placement Services Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff performance	0/3	Not Met (0 %)
C8	Family/guardian communication	4/4	Met



### Placement Services Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C9	Personal relationships	3/4	<b>Met</b>
C10	Social skill development	4/4	<b>Met</b>
C11	Get together w/family & friends	4/4	<b>Met</b>
C12	Intimacy	4/4	<b>Met</b>
C13	Skills to maximize independence	4/4	<b>Met</b>
C14	Choices in routines & schedules	4/4	<b>Met</b>
C15	Personalize living space	4/4	<b>Met</b>
C16	Explore interests	4/4	<b>Met</b>
C17	Community activities	4/4	<b>Met</b>
C18	Purchase personal belongings	4/4	<b>Met</b>
C19	Knowledgeable decisions	4/4	<b>Met</b>
C20	Emergency back-up plans	4/4	<b>Met</b>

### Residential Services Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff performance	6/6	<b>Met</b>
C8	Family/guardian communication	5/5	<b>Met</b>
C9	Personal relationships	3/6	<b>Not Met (50.0 %)</b>
C10	Social skill development	6/6	<b>Met</b>
C11	Get together w/family & friends	5/5	<b>Met</b>
C12	Intimacy	3/3	<b>Met</b>
C13	Skills to maximize independence	6/6	<b>Met</b>
C14	Choices in routines & schedules	6/6	<b>Met</b>
C15	Personalize living space	2/2	<b>Met</b>
C16	Explore interests	3/6	<b>Not Met (50.0 %)</b>
C17	Community activities	3/6	<b>Not Met (50.0 %)</b>
C18	Purchase personal belongings	3/6	<b>Not Met (50.0 %)</b>
C19	Knowledgeable decisions	6/6	<b>Met</b>
C20	Emergency back-up plans	2/2	<b>Met</b>